

US 525 U.S. PTO  
09/545794

04/09/00

2	410	Subclass	ISSUE CLASSIFICATION
Class			

PATENT NUMBER

6490737



6490737

# U.S. UTILITY Patent Application

3RS O.I.P.E.  
SCANNED *[Signature]* Q.A. *[Signature]*

PATENT DATE  
DEC 10 2002

APPLICATION NO. 09/545794	CONT/PRIOR D	CLASS 002	SUBCLASS 410	ART UNIT 3765	EXAMINER LINDSEY NEAS
------------------------------	-----------------	--------------	-----------------	------------------	-----------------------------

APPLICANTS  
William Mazzei  
Gregory Jordan  
An Vu

TITLE  
Protective cushion and cooperatively engageable helmet for anesthetized patient

PTO-2040  
12/99

ISSUING CLASSIFICATION							
ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
2	410	2	9				
INTERNATIONAL CLASSIFICATION		5	638	640			
A42B	3/00	128	846				
A47C	20/00						

☐ Continued on Issue Slip Inside File Jacket

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>  <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____  <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	<b>DRAWINGS</b> Sheets Drwg. 5 Figs. Drwg. 15 Print Fig. 7,8 <hr/> (Assistant Examiner) _____ (Date) _____ <i>[Signature]</i> <b>Rodney M. Lindsey</b> Primary Examiner (Primary Examiner) _____ (Date) 8/2002 <i>[Signature]</i> (Legal Instruments Examiner) _____ (Date) 8-11-02			<b>CLAIMS ALLOWED</b> Total Claims 23 Print Claim for O.G. 1 <b>NOTICE OF ALLOWANCE MAILED</b> 8-9-02 <b>ISSUE FEE</b> <i>[Signature]</i> Amount Due \$640 Date Paid 10-15-02 <b>ISSUE BATCH NUMBER</b>	
--	---	--	--	---	--

## WARNING:

The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368 Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.

Form PTO-436A  
(Rev. 6/99)

FILED WITH: ☐ DISK (CRF) ☐ FICHE ☐ CD-ROM  
(Attached in pocket on right inside flap)

(FACE)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		4-12-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	60005	10-12-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	3/18/00
2	3/18/00
3	3/18/00
4	3/18/00
5	3/18/00
6	3/18/00
7	3/18/00
8	3/18/00
9	3/18/00
10	3/18/00
11	3/18/00
12	3/18/00
13	3/18/00
14	3/18/00
15	3/18/00
16	3/18/00
17	3/18/00
18	3/18/00
19	3/18/00
20	3/18/00
21	3/18/00
22	3/18/00
23	3/18/00
24	3/18/00
25	3/18/00
26	3/18/00
27	3/18/00
28	3/18/00
29	3/18/00
30	3/18/00
31	3/18/00
32	3/18/00
33	3/18/00
34	3/18/00
35	3/18/00
36	3/18/00
37	3/18/00
38	3/18/00
39	3/18/00
40	3/18/00
41	3/18/00
42	3/18/00
43	3/18/00
44	3/18/00
45	3/18/00
46	3/18/00
47	3/18/00
48	3/18/00
49	3/18/00
50	3/18/00

Claim	Date
Final	
Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final	
Original	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/545,794	<b>FILING DATE</b> 04/09/2000 <b>RULE</b> -	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> <del>3741</del> 3765	<b>ATTORNEY DOCKET NO.</b> 2041 CIP
<b>APPLICANTS</b> William Mazzei, San Diego, CA ; Gregory P. Jordan, Carlsbad, CA ; An P. Vu, Vista, CA ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/080,975 05/19/1998 <span style="float:right">OK R2</span>				
<b>** FOREIGN APPLICATIONS *****</b> <span style="float:right">none R2</span>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 06/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 22
Verified and Acknowledged <span style="float:right">Rodrigo E. Zendeja</span> Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> Donn K Harms 4565 Ruffner Street Ste 200 San Diego, CA 92111				
<b>TITLE</b> Protective cushion and cooperatively engageable helmet casing for anesthetized patient				
<b>FILING FEE RECEIVED</b> 363	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

# PATENT APPLICATION



09545794

jc525 U.S. PTO  
09/545794



04/09/00

APR 24 2004

## CONTENTS

Date Received  
(Incl. C. of M.)  
or  
Date Mailed

Date Received  
(Incl. C. of M.)  
or  
Date Mailed

1. Application _____ papers. <i>2 Pts.</i>	42.	
2. <i>Change of Address</i> <i>2-5-02</i>	43.	
3. <i>REJECTION MOS</i> <i>3/28/02</i>	44.	
4. <i>Amendment</i> <i>6-25-02</i>	45.	
5. <i>NOTICE OF ALLOWANCE</i> <i>8-9-02</i>	46.	
6. <i>LETTER</i> <i>10/15/02</i>	47.	
7. <i>1/1/03</i> <i>5 sheets</i> <i>9/13/03</i>	48.	
8.	49.	
9.	50.	
10.	51.	
11.	52.	
12.	53.	
13.	54.	
14.	55.	
15.	56.	
16.	57.	
17.	58.	
18.	59.	
19.	60.	
20.	61.	
21.	62.	
22.	63.	
23.	64.	
24.	65.	
25.	66.	
26.	67.	
27.	68.	
28.	69.	
29.	70.	
30.	71.	
31.	72.	
32.	73.	
33.	74.	
34.	75.	
35.	76.	
36.	77.	
37.	78.	
38.	79.	
39.	80.	
40.	81.	
41.	82.	

(LEFT OUTSIDE)